## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	11-29-08	Address:	<u>LUTHER RD @</u>
Case #:	45F49175		CHIMNEY WOODS RD
County:	FLOYD		<u>FLOYDS KNOBS, IN</u>
Type of Laboratory Seizure (check one) Seizure Location (check all that apply			check all that apply)
X Operation Chemical Dumps	ional Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding X Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)  Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
X Flammable Solvents;			
Water Reactive Mctal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
X Corrosive Acid:			
X Corrosive Base:			
Other (item and location):			
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X Yes	er age 18 discovered (check one)  1 (number present)  port to Child Protective Services	Ephedrin	e Information e/Pseudoephodrino Tracking Log erchant Tip —
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: NEW ALBANY FD	Fax: <u>303</u> 7	GRANTLINE RD, NEW ALBANY
Health Department: FLOYD CO		Fax: 812.948.2208	
Child Prote	ction Service: FLOYD CO	Fax: EMA	<u>U.ED</u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: K SMITH Phone 812.246.5424			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.